STATE PLAN FOR MEDICAL ASSISTANCE
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF MARYLAND

PROGRAM	LIMITATIONS
13. Other diagnostic, screening, preventive, & i.e., other than those provided elsewhere in this plan. d. Rehabilitation Services III. Psychiatric Rehabilitation Programs	A. - Services may be provided individually or in a small group on site, in a rehabilitation facility, and/or off site; and are limited to: 1. Psychiatric rehabilitation assessment of the patient's assets and deficits in functional living skills and psychosocial stressors which impede the patient's ability to live independently. 2. Individual rehabilitation planning based upon the psychiatric rehabilitation assessment which identifies the patient's short and long term goals and specifies how the services and supports will be provided. 3. Development or restoration of: (a) basic living skills necessary to independently function in the community, including activities of daily living, dietary planning and food preparation, maintenance of the patient's living environment, community awareness, money management, and mobility skills, and (b) social skills necessary to enable and maintain independent living, including communication and socialization skills and techniques and community integrating activities. 4. Psychiatric crisis intervention which provides an immediate and urgent assessment of a patient's need and provides intensive support and services to ameliorate exacerbated psychiatric symptoms.

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PROGRAM	LIMITATIONS
13. Other diagnostic, screening, preventive, & i.e., other than those provided elsewhere in this plan. d. Rehabilitation Services III. Psychiatric Rehabilitation Programs (Continued)	5. Health promotion and training which provides rehabilitation training to increase the patient's awareness and maintenance of his or her physical or mental health condition. 6. Medication monitoring which teaches patients the role, process, and effects of medication in symptom management, recognition of side effects, and facilitates the patient's ability to independently take prescribed medication. B. - Service delivery is limited to the following qualified staff: 1. Agency Director - a person employed full time who has sufficient qualifications, knowledge, and experience determined by the governing body to execute the duties of the position. 2. Psychiatric Rehabilitation Professional - a person employed in an advisory capacity who: (a) Has at least 3 years of relevant experience; and (b) Meets the qualifications outlined in this paragraph as a: (i) Creative arts therapist with a master's degree who is registered or certified by the American Art Therapy Association, American Dance Therapy Association, National Association of Music Therapy or American Association for Music Therapy;

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PROGRAM	LIMITATIONS
13. Other diagnostic, screening, preventive, & i.e., other than those provided elsewhere in this plan. d. Rehabilitation Services III. Psychiatric Rehabilitation Programs (Continued)	(viii) Rehabilitation counselor who has a master's degree in rehabilitation counseling, psychiatric rehabilitation, vocational rehabilitation or is currently certified by the Commission on Rehabilitation Counselor Certification; (ix) Social worker who is licensed as a certified social worker under Health-Occupations Article, Title 19, Annotated Code of Maryland; or (x) Therapeutic recreation specialist with a master's degree in therapeutic recreation or is registered as a therapeutic recreation specialist by the National Therapeutic Recreation Society. 3. Direct Service Staff - persons employed who are at least 18 years old and who, at a minimum, have: (i) Unless exempted by the agency's governing board and director, a high school equivalency diploma; and (ii) Sufficient qualifications, knowledge or experience to work with individuals served by the program. C. - Providers of Psychiatric Rehabilitation Programs are limited to those that are organized to deliver psychiatric rehabilitation program services and which are able to comply with regulations established by the Single State Agency.

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PROGRAM	LIMITATIONS
13. Other diagnostic, screening, preventive, & i.e., other than those provided elsewhere in this plan. d. Rehabilitation Services III. Psychiatric Rehabilitation Programs (Continued)	D. - A physician shall determine that psychiatric rehabilitation services are medically necessary. Services must be supported by an individual rehabilitation/ treatment plan. E. - Vocational counseling, vocational training at a classroom or job site, and academic/remedial educational services are not reimbursable. F. - Services provided to or for the primary benefit of individuals other than the eligible client are not reimbursable. G. - Services delivered by telephone are not reimbursable. H. - Services provided in an Institution for Mental Disease are not reimbursable. I. - Services do not include: 1. Investigational and experimental drugs and procedures; 2. Those denied by Medicare as not medically justified; 3. Rehabilitation services provided to HMO-MA enrollees as set forth in COMAR 10.09.16 Establishment, Operation, and Authority for Health Maintenance Organization--Medical Assistance; 4. Rehabilitation services provided to hospital inpatients; 5. Rehabilitation visits solely for the purpose of either or both of the following: a. Prescription, drug or supply pick-up, or collection of laboratory specimens; or b. Interpretation of laboratory tests or panels;

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PROGRAM	LIMITATIONS
13. Other diagnostic, screening, preventive, & r.e., other than those provided elsewhere in this plan.	6. Injections and visits solely for the administration of injections, unless medical necessity and the recipient's inability to take appropriate oral medications are documented in the patient's medical record;
d. Rehabilitation Services III. Psychiatric Rehabilitation Program (Continued)	7. Separate reimbursement to any employee of a rehabilitation services program for services provided through a rehabilitation services program when the rehabilitation services program has been reimbursed directly; and
	8. An on-site psychiatric rehabilitation program visit on the same day that the recipient receives medical day care services under COMAR 10.09.07.

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PROGRAM (Continued)	LIMITATIONS
14. Services for individuals aged 65 or older in institutions for tuberculosis. a. Inpatient Hosp. Services See Page 4-2	Billing time limitations: 1. The Department may not reimburse the claims received by the Program for payment more than 6 months after the date of service. 2. Medicare Claims. For any claim initially submitted to Medicare and for which services have been: (a) Approved, requests for reimbursement shall be submitted and received by the Program within 6 months of the date of service or 60 days from the Medicare remittance date, as shown on the Explanation of Medicare Benefits, whichever is later; and (b) Denied, requests for reimbursement shall be submitted and received by the Program within 6 months of the date of service or 60 days from the Medicare remittance date, as shown on the Explanation of Medicare Benefits, whichever is later. 3. A claim for services provided on different dates and submitted on a single form shall be paid only if it is received by the Program within 6 months of the earliest date of service. 4. A claim which is rejected for payment due to improper completion or incomplete information shall be paid only if it is properly completed, resubmitted, and received by the Program within the original 6 month period, or within 60 days of rejection, whichever is later. 5. Claims submitted after the time limitations because of a retroactive eligibility determination shall be considered for payment if received by the Program within 6 months of the date on which eligibility was determined.

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PROGRAM (Continued)	LIMITATIONS
14. Services for individuals age 65 or older in institutions for mental diseases. a. Inpatient Hosp. Services	Billing time limitations: 1. The Department may not reimburse the claims received by the Program for payment more than 6 months after the date of service. 2. Medicare Claims. For any claim initially submitted to Medicare and for which services have been: (a) Approved, requests for reimbursement shall be submitted and received by the Program within 6 months of the date of service or 60 days from the Medicare remittance date, as shown on the Explanation of Medicare Benefits, whichever is later; and (b) Denied, requests for reimbursement shall be submitted and received by the Program within 6 months of the date of service or 60 days from the Medicare remittance date, as shown on the Explanation of Medicare Benefits, whichever is later. 3. A claim for services provided on different dates and submitted on a single form shall be paid only if it is received by the Program within 6 months of the earliest date of service. 4. A claim which is rejected for payment due to improper completion or incomplete information shall be paid only if it is properly completed, resubmitted, and received by the Program within the original 6 month period, or within 60 days of rejection, whichever is later. 5. Claims submitted after the time limitations because of a retroactive eligibility determination shall be considered for payment if received by the Program within 6 months of the date on which eligibility was determined.

See Page 9-2

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PROGRAM	LIMITATIONS
14. Services for individuals age 65 or older in institutions for mental diseases. b. Skilled nursing facility Services See Page 9-2	Billing time limitations: 1. The Department may not reimburse the claims received by the Program for payment more than 6 months after the date of service. 2. Medicare Claims. For any claim initially submitted to Medicare and for which services have been: (a) Approved, requests for reimbursement shall be submitted and received by the Program within 6 months of the date of service or 60 days from the Medicare remittance date, as shown on the Explanation of Medicare Benefits, whichever is later; and (b) Denied, requests for reimbursement shall be submitted and received by the Program within 6 months of the date of service or 60 days from the Medicare remittance date, as shown on the Explanation of Medicare Benefits, whichever is later. 3. A claim for services provided on different dates and submitted on a single form shall be paid only if it is received by the Program within 6 months of the earliest date of service. 4. A claim which is rejected for payment due to improper completion or incomplete information shall be paid only if it is properly completed, resubmitted, and received by the Program within the original 6 month period, or within 60 days of rejection, whichever is later. 5. Claims submitted after the time limitations because of a retroactive eligibility determination shall be considered for payment if received by the Program within 6 months of the date on which eligibility was determined.

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PROGRAM	LIMITATIONS
Services that require Preauthorization	The Department of Human Resources shall certify the recipient for financial eligibility, and the Department or its designee shall certify the recipient as requiring skilled nursing facility services for individuals age 65 or older in institutions for mental diseases. The Department or its designee will certify as requiring these services only those financially eligible recipients having complicated medical or surgical problems which require direct care by registered nurses on all shifts 7 days a week.